

Questionnaire on the incident you are complaining about.

Issue: Discipline (including Suspension): Education

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone No. _____ Specify if you can receive calls while at work.

Yes _____ No _____ Work Telephone No. _____

Name of School your Complaint is against.

Name _____

Address _____ City _____

State _____ County _____ Zip Code _____

Number of Students at the school _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

Telephone _____

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible. This document will NOT be given to your employer.

It is your responsibility to notify this agency of a change of address or times of unavailability. Failure to notify may result in dismissal of the matter.

1. A. Which of the following do you feel was the reason for your Discipline (including Suspension): race, color, religious creed, ancestry, age (40 to 70 in employment only), sex, national origin, non-job related handicap or disability, or general education development certificate.

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- B. If it was because of your race, color, religious creed, ancestry, age (40 to 70 in

employment only), sex, national origin, non-job related handicap or disability, or general education development certificate, please check and indicate:

Race _____	National Origin _____
Color _____	Age 40 to 70 _____
Religion _____	Handicap/Disability _____
Sex _____	GED _____
Ancestry _____	Other _____

Note: You must identify the individual class of every person you name in this questionnaire. The following abbreviations may be useful: W=White, B=Black, SSA=Spanish-Surnamed American, F=Female, M=Male, NBA=Native Born American.

Example: My supervisor, John Doe (W), gave me a written warning on 11/7/08.

2. What grade is the student in and how old is he/she.

3. Name the teacher(s) involved in this complaint. _____

4. What was the discipline?

Oral Warning _____

Written Warning _____

Oral Reprimand _____

Written Reprimand _____

Oral Suspension _____

Written Suspension _____

Have you been disciplined in the past? Yes _____ No _____. If so, give specific dates and incidents.

5. When did it occur? (Date) _____

6. Who recommended this discipline? _____

What is his/her CLASS and job title? _____

7. What reasons were given you by the District for the discipline? _____

Please submit a copy of any letters or notices from the school concerning this discipline.

8. What explanation for your performance, or conduct, did you give the school?

9. Did your explanation alter the intended discipline of the District in any way?

Yes _____ No _____. If yes, please explain. _____

10. Were any of the reasons given by the District for this discipline accurate? If so, please explain.

11. Whatever the reasons for the discipline you received; that is whatever reason the District gave you, can you name any student who did the same thing, similar, worse than you were supposed to have done?

Name	Class	Job/Dept.	What the Person Did	Discipline Given
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11. (continued)

12. Are there any witnesses who will say that any student mentioned in Question 11 did what you say he/she did? If so, please list the information below:

Name _____ Who will say that: _____

Address _____

Tel. No. _____

If there are any additional witnesses, list them on a separate sheet of paper in the same fashion.

13. Are there any witnesses to what the employer accused you of doing who will say that you did not do what you were supposed to have done? If so, please list them below:

Name _____ Who will say that: _____

Address _____

Tel. No. _____

If there are any additional witnesses, list them on a separate sheet of paper in same fashion as above.

14. For what specific reasons do you believe your CLASS was a factor in what happened to you?

15. Did you lose any days for the current discipline? If so, list the period during which days were lost and the approximate amount. For persons discharged, please list your grade level at the time of the discharge, as well as all credits earned from other sources in the period from your discharge to the present.

15. (continued)

16. Please attach a copy of any written procedure your District may have with respect to discipline. If not written, what is the practice or your understanding of it.

17. If there are other important facts you feel should be considered, please record these on a separate sheet of paper and attach to this completed form. Check if you attached_____.

18. Are you a union member? (Yes or No) _____. What is the name of your union? _____. Did you file a grievance regarding this situation? Yes_____ No_____. If so, attach a copy of the grievance. Please explain what step your grievance is now in.

SIGNATURE

DATE